A Critical Response to *Vital Signs: Contemporary AIDS Fiction*

By Robert Bitsko

AIDS fiction, as it pertains to gay males within the United States, has mostly been a dormant genre of literature in the 21st century. Throughout the 1980s and the 1990s, scholarship addressed the HIV and AIDS infections from various types of literature, from Randy Shilts' *And The Band Played On* to Tony Kushner's dramatic literature of *Angels In America*. However, as new diagnosis techniques become available in the late 20th century, as well as when new drug cocktails became available in the United States, public address in the form of AIDS fiction was published less and less. One exception is Richard Canning's collection *Vital Signs: Contemporary AIDS Fiction*, published in 2007. For this collection, Canning assembled an array of short stories that showcase the haunting aspects of living with HIV and AIDS. While, on one hand, this collection verifies the validity of AIDS fiction as a genre and represents its importance, I will argue that this collection's editor fails to understand the true realities of the effects of HIV and AIDS for our contemporary times in regards to medication, social media, gay readership, and a multiethnic and sociocultural reality.

Canning acknowledges the lack of discourse after the arrival of drug combination therapies. “It is notable that the first decade following the arrival of these drugs [HIV/AIDS combination therapies] has seen only a handful of works of AIDS fiction or literature examine at length what, exactly, their impact has been” (Canning xv). While the scientific community has documented the rise and fall of the early protease inhibitors such as AZT, works of literature that examine this topic are few and far between. It is worth noting that in the time of AZT's availability on the market it quickly proved to create side effects that debilitated the patient. While it is noted that HIV/AIDS medications do lengthen the lifetime of someone who acquires HIV, these drugs provide no cure. People
who are HIV positive still deal with many of the same feelings, emotions and complications that one without medications would have.

AIDS fiction should address the realities of HIV drug cocktails. One example is that harrowing notion that these drugs that have prolonged millions of people's lives, the drug cocktail, will eventually mutate and that those cocktails will have negative side effects. The HIV* virus would mutate from its current form, thus rendering the initial combination therapy inert. Kramer writes in 2007 in his book *Tragedy of Today's Gays* that “our current drug therapies will fail” (Kramer 89). The medical community supports this claim, stating that HIV/AIDS drugs, along with antibiotics themselves, will someday because useless due to the adaptability of viruses themselves. Canning has only referenced AIDS fiction before the advent of the drug cocktail. In order for AIDS fiction to be more representative of its current climate, stories need to be included that showcase this fact of life for many of those who have AIDS.

Secondly, by focusing his chosen fiction before the combination therapy drugs came in to “save” those gay men dying from AIDS, this fiction portrays gay men as victims. The early days of the AIDS epidemic were fraught with uncertainty, confusion and fear, and rightly so. People were dying of a disease no one knew how to treat, or even diagnosis. However, and what is extremely important to remember both psychologically and in terms of literary narratives, gay men had, and have, the power to combat this disease themselves since the late 1980's. Disclosing one's HIV* status to sexual partners, practicing safe sex and not engaging in high-risk drug using behavior will greatly decrease, if not cease, one's chances of becoming infected with the HIV virus. The information in regards to safe sex and drug practices has been available since the late 1980's, yet the stereotype remains that most gay men choose to engage in high-risk sexual and addictive behavior. This line of logic, I am sure, is a provocative area of discussion, but it is just its provocativeness that would lead to compelling fiction.
Canning attempts to draw conclusions in regards to the decline of AIDS fiction, but he fails to realize the vast potential social media could play within the genre. Canning states that one of the reasons gay literature has declined is because of the fact that many of its authors have died. Canning writes “Around half of those involved in Men on Men- the first of George Stambolian's important anthologies of gay fiction, published in 1986... are dead of the syndrome” (Canning xxiv). The series featured eight volumes, spanning two decades. The last of the series was published in 2000. While it may be true that many of the contributors have died of AIDS-related complications, to state that the series has ended due to that fact is misleading. Stambolian did die in 1991, but since then David Bergman has taken up editing duties, cumulating with the edition *Men on Men 2000*, which earned him a Lambda Literary Award for editing. Given that he and other original contributors are still alive and producing both scholarly and fictitious texts, Canning's reasoning is without merit. This is especially troublesome given that within the last decade the rise of social media has created a literary culture that has embraced more collaboration. Many writers have been able to connect and collaborate with one another over the internet, publishing open source works and ideas that would be a perfect avenue for an anthology such as the “Men on Men” series.

In his preface, Canning makes the connection that gay fiction of the 1970s would provide a basis for readership for AIDS fiction: “Equally, the emergence of notions of ‘gay culture’ and ‘gay literature’ – in the 1970s especially, but not exclusively – provide both precedence and a potential readership for gay authored works about AIDS that other communities may not have offered” (Canning xxxix). While Canning correctly assumes that there is a ready readership for AIDS fiction based upon the previous decade's fiction, the connection is more complicated than simple readership. It should be noted that the hedonistic gay literature of the 1970s is not similar in tone and theme as the AIDS discourse. Whereas the gay novel of the 1970s explored such topics as an emergence of queer sexualities and spaces, an arena of self-discovery and exploration, AIDS fiction, as it pertains to Canning's collection, relies on the
opposite, which is to say a loss of sexuality and a loss of space. This loss is both personal and public, and it pertains to both individuals and to the gay community itself. Potential readers would be forced to look at the psychology of their actions in regards to linking these two genres. The gay culture that was so steadily built within the 1970s was devastated in many ways by the realities of the 1980s.

Canning attempts to answer why there isn't more fiction authored by non-gay males, but his analysis fails to acknowledge sexual and biological complexities. Canning writes, “There have been many complex socioeconomic, medical, and cultural reasons why the experiences of women have rarely been addressed; likewise, those of heterosexual men of all races, and those infected with HIV through drugs, or through the sharing of blood products. For many years, for instance, those who contracted HIV in any of these ways tended to get ill and die faster than their gay male counterparts; they, and their family, friends, and peers inevitable wrote less: they had little time to do so” (Canning xxxix). First, Canning fails to answer why exactly women, people of color and drug users are not included in this fiction. He states that there are many “complex” reasons. On a basic level, which area of humanity is not complex? Gay men who died of AIDS, those included in the book, are just as complex as those groups of people that failed to be included in this tome. Secondly, Canning fails to include women of all races or colors. By the mid-2000s, the incidence of black women with HIV was among the fastest rising of all ethnic groups, according to data collected by the CDC. Of the 18 contributors to Canning’s anthology, 16 of these contributors are white. Only three of women and no women of color are included. Canning, despite the fact that he could have written “ten volumes” is implying that the only essential fiction fit for publication belongs mostly to white men. Third, Canning negates to look at other intersections of possible HIV transmission. These include, for example, men who have sex with men who don't identify as gay and those men who have sex with men who are also drug users. Putting those who are diagnosed into separate categories without
acknowledging the interactions between these groups only furthers misconceptions about HIV transmission.

Kramer states in *The Tragedy of Today’s Gays* that “we are killing each other” and that no one wants to talk about that fact (Kramer 57). What is interesting is that AIDS fiction rarely deals with this topic. From a narrative standpoint, the concept of victims becoming the aggressors, either consciously or unconsciously, is ripe for provocative drama. I do not mean to exploit the disease of AIDS, but I am acknowledging that from a literary standpoint this could be a dramatically rich topic for fiction writing.

**Works Cited**

Vital Signs book. Read reviews from worldâ€™s largest community for readers. Since first reports of a gay cancer in 1981, it has been hard to ignore the ...Â Yet a literary genre also emerged, and Vital Signs contains the very best of the extraordinary work created in America in response to our greatest contemporary health crisis. This collection documents the critical years of struggle, brav Since first reports of a "gay cancer" in 1981, it has been hard to ignore the politics, polemic, and prejudice that gathered around AIDS. Yet a literary genre also emerged, and Vital Signs contains the very best of the extraordinary work created in America in response to our greatest contemporary health crisis. Furthermore, AIDS is one of the most difficult economic problems. Billions of dollars have been spent on fundamental scientific research, both to protect people from AIDS, and to cure those who have already contracted the disease. To sum up, AIDS is not only a problem facing doctors and public health authorities, but it should be solved by scientists in many different fields, statesmen and economists, lawyers and sociologists. It is the consequence of a global moral crisis. We can solve the problem of AIDS only if we manage to overcome this crisis and develop new concepts for strengthening our